

09/743163

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	C.S.W.		17 April 1964

### INDEX OF CLAIMS

✓ Rejected N Non-elected  
 = Allowed I Interference  
 - (Through numeral) Canceled A Appeal  
 : Restricted O Objected

Claim	Date	Claim	Date	Claim	Date
Final Original		Final Original		Final Original	
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
10		60		110	
11		61		111	
12		62		112	
13		63		113	
14		64		114	
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16		66		116	
17		67		117	
18		68		118	
19		69		119	
20		70		120	
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23		73		123	
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34		84		134	
35		85		135	
36		86		136	
37		87		137	
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41		91		141	
42		92		142	
43		93		143	
44		94		144	
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46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	